

Central Contractor Registration Form

Please type or print legibly in black ink. Information must be legible for registration to be processed in a timely manner.
This form is to be printed out and used as the worksheet for Web users or to be completed and mailed to the address
at the bottom of this form.

(M) = Mandatory field. Data must be entered for registration to be complete.

Information Opt-Out

You may opt out from displaying your company information on the CCR Public Search page. This may result in a reduction in federal government business opportunities. Please select one of the following options:

☒ I authorize my company information to be displayed in CCR's Public Search.

☐ I DO NOT authorize my company information to be displayed in CCR's Public Search.

General Information

DUNS Number¹ (M): 830184698 CAGE Code² (M if foreign): _____

Legal Business Name (M): Lake County Port Authority

Doing Business As (DBA Name) _____

Tax ID/EIN³ (M if in U.S.): 26-1159448

OR Social Security Number: _____

Division Name: _____ Division Number: _____

Corporate Web Page URL (Company website address): www.lcport.org
Example: <http://www.example.com> or <http://example.com>

Physical Address (M): 1 (one) Victoria Place

City (M): Painesville State (M): Ohio

Province (all countries other than USA or Canada) _____

Zip/Postal Code (M): 44077 Zip Plus 4 (M): 3406 Country (M): Lake

Mailing Address (M): ☒ Check if same as physical address

Business Name (M): Lake County Port Authority

1. Data Universal Numbering System (DUNS)- Call Dun & Bradstreet at 1-866-705-5711 if unsure.
2. Commercial and Government Entity (CAGE) Code. If you are a foreign registrant, you must enter your NCAGE. If you are a U.S. registrant and do not have a CAGE Code, one will be assigned to you.
3. Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) Mandatory if U.S. Registrant unless Sole Proprietor, then SSN is acceptable. Call the IRS at 1-800-829-1040 if unsure. The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the officer's relationship with the Government (31 U.S.C. 7701 (c) (3)).

Mailing Address (PO Box is acceptable) (M): _____ Same _____

City (M): _____ State (M): _____

Province (all countries other than USA or Canada) _____

Zip/Postal Code (M): _____ Zip Plus 4 (M) _____ Country (M): _____

Business Start Date (M) (mm/dd/yyyy): 02/22/2007

Fiscal Year Close Date (M) (mm/dd): 12/31

The following information will be used to derive your small business size status based on SBA size standards.

Penalties for misrepresentation as a small business include fines of not more than \$500,000 or imprisonment for not more than 10 years, or both; administrative remedies; and suspension and debarment as specified in subpart 9.4 of title 48, Code of Federal Regulations.

Location: (Optional) Please enter the following data for this location on this registration:

☒ Receipts (3 year average) at this Location \$615,000.00

☒ Number of Employees (12 months average) at this Location 7

World-wide Organization: (M) Please enter the worldwide data for your organization to include parent, all affiliates, and all locations including your individual location. If you entered location information above, the numbers you enter for worldwide must be greater than or equal to the numbers entered in the location size:

☒ Total (3 year average) Receipts _____

☒ Total Number (12 months average) of Employees _____ (Mandated by FAR CFR clause 52.204-7)

Corporate Information

Type of Relationship with U.S. Federal Government (M) (Must Check One)

- ☐ Contracts
☒ Grants
☐ Both (Contracts & Grants)

Type of Organization (M) (as defined by the IRS – must check one)

- ☐ Corporate Entity, Not Tax Exempt (Firm pays Federal Income Taxes)
☐ Corporate Entity, Tax Exempt (Firm does not pay Federal Income Taxes)
☐ Partnership or Limited Liability Partnership
☐ Sole Proprietorship
☐ U.S. Government Entity (If selected, then choose one subgroup below)
 ☐ Federal Government (If selected, choose all subgroups that apply)
 ☐ Federal Agency
 ☐ Federally Funded Research and Development Corporation
☐ U.S. State Government
☒ U.S. Local Government (If selected, choose all subgroups that apply)
 ☐ City

- ☒ County
- ☐ Inter-municipal
- ☐ Local Government Owned
- ☐ Municipality
- ☐ School District
- ☐ Township
- ☐ Foreign Government
- ☐ Tribal Government
- ☐ International Organization
- ☒ Other

Incorporation (M if you selected "corporate entity" as type of organization)

State of Incorporation (USA only): _____ Country of Incorporation: _____

Check if applicable.

- ☐ Limited Liability Corporation
- ☐ Subchapter S Corporation

Sole Proprietorship Point of Contact (M if you selected "sole proprietorship" as Type of Organization)

Sole Proprietor Name: _____

US Phone: _____ Ext: _____

Non-US Phone: _____ Ext: _____

Fax: _____

E-mail: _____

Is your Business/Organization one of the following?

- ☐ Foreign Owned and Located
- ☐ Small Agricultural Cooperative

What is your Organization's Profit Structure? (M) You must select one of the following.

- ☐ For-Profit Organization
- ☐ Nonprofit Organization
- ☒ Other Not for Profit Organization

If your business qualifies in one of the following Socio-Economic Categories, check all that reflect the current status of your business. Small Business status will automatically be derived from the receipts, number of employees, assets, or megawatt hours, and NAICS codes entered in the General Information portion of the registration.

- ☐ Community Development Corporation Owned Firm
- ☐ Labor Surplus Area Firm

These categories require that the firm is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group.

- ☐ Self-Certified Small Disadvantaged Business
- ☐ Veteran Owned
- ☐ Service Disabled Veteran Owned
- ☐ Woman Owned

- ☐ Minority Owned (must also choose one specific type)
- ☐ Subcontinent Asian (Asian-Indian) American Owned
 - ☐ Asian-Pacific American Owned
 - ☐ Black American Owned
 - ☐ Hispanic American Owned
 - ☐ Native American Owned
 - ☐ Other than one of the preceding

Other Business Factors: Choose all that apply

Other Governmental Entities:

- | | |
|--|--|
| <input type="checkbox"/> Airport Authority | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Council of Governments | <input checked="" type="checkbox"/> Port Authority |
| <input type="checkbox"/> Housing Authorities Public/Tribal | <input type="checkbox"/> Transit Authority |
| <input type="checkbox"/> Interstate Entity | |

Does your Organization qualify as one of the following? (Optional information, Check if the types apply to your organization.)

- ☐ Community Development Corporation
- ☐ Domestic Shelter
- ☐ Educational Institution
- ☐ Foundation
- ☐ Hospital
- ☐ Veterinary Hospital

If your Organization is an Education Entity, does it qualify as one of the following? (Optional information, Check if the types apply to your organization.)

- | | |
|--|---|
| <input type="checkbox"/> 1862 Land Grant College | <input type="checkbox"/> Private University or College |
| <input type="checkbox"/> 1890 Land Grant College | <input type="checkbox"/> School of Forestry |
| <input type="checkbox"/> 1994 Land Grant College | <input type="checkbox"/> State Controlled Inst of Higher Learning |
| <input type="checkbox"/> Historically Black College or University (HBCU) | <input type="checkbox"/> Tribal College |
| <input type="checkbox"/> Minority Institutions | <input type="checkbox"/> Veterinary College |
| <input type="checkbox"/> Alaskan Native Servicing Institution (ANSI) | <input type="checkbox"/> Hispanic Servicing Institution |
| <input type="checkbox"/> Native Hawaiian Servicing Institution (NHSI) | |

What is the Nature of your organization's Business? (Optional information, Check all that apply)

- ☐ Architecture and Engineering (A&E)
- ☐ Construction Firm
- ☐ Manufacturer of Goods
- ☐ Research and Development
- ☒ Service Provider

Is your business certified by a state certifying agency as a Department of Transportation (DOT) Disadvantaged Business Enterprise (DBE)?

- ☐ Yes – DoT Certified DBE

If your organization is a Federally Recognized Native American Entity, check all that apply.)

- ☐ Alaskan Native Corporation Owned Firm
- ☐ Native Hawaiian Organization Owned Firm
- ☐ American Indian Owned
- ☐ Indian Tribe (Federally recognized)
- ☐ Tribally Owned Firm

Goods and Services:

NAICS Codes (M) North American Industrial Classification Code to identify what product or service your business provides (6 digit numeric). Search on <http://www.census.gov/naics/2007/index.html>

NAICS Code: 926110 NAICS Code: _____ NAICS Code: _____

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

SIC Codes (M) Standard Industrial Classification Codes identify what type of activity your business performs (4 or 8 digit numeric). Search on <http://www.osha.gov/pls/imis/sicsearch.html>

SIC Code: _____ SIC Code: _____ SIC Code: _____

SIC Code: _____ SIC Code: _____ SIC Code: _____

Financial Information:

Financial Institution Name: First Merit Bank
(Bank name for Electronic Funds Transfer)

ABA Routing Number (M) (9digits): 041200555

Must indicate type of account (M)

Account Number (M): 5709005245 ☒ Checking OR ☐ Savings

Lockbox Number: (Optional) _____

Automated Clearing House (ACH=Bank) (M) at least one method of contact must be entered

ACH U.S. Phone Number (your bank): 440-953-3606

ACH Fax (U.S. Only): _____

ACH Non-U.S. Phone: _____

ACH Email: Lorraine.Sears@firstmerit.com

Remittance Address (M): (what is the "Remit to" name and address on your invoice/bill?) **Address to mail check to if EFT is temporarily unavailable.**

Business Name (M): Lake County Port Authority

Address (M): One Victoria Place Suite 265A

City (M): Painesville State (M): OH Zip/Postal Code (M): 44077

Province (all countries other than USA or Canada) _____

Country (M): USA

Accounts Receivable Point of Contact (M):

Name (M): Teresa L. Edgington

Email (M): tedgington@lcport.org

U.S. Phone: 440-286-2785 Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): 440-357-2296

Do you (the Registrant) use or accept Credit Cards ☒ Yes ☐ No
as a method of Purchase or Payment? (M).

Registration Acknowledgement and Point of Contact Information:

Note: The Registrant acknowledges that the information provided is current, accurate, and complete.

CCR Primary Point of Contact (M)

Name: John Loftus

Email: JLoftus@LCPort.org

U.S. Phone: 440-357-2290 Ext.: 232

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): 440-357-2296

CCR Alternate Point of Contact (M)

☐ Check to use CCR Primary POC information for CCR Alternate POC

Name : Allen Weaver

Email: aweaver@LCPort.org

U.S. Phone: 440-357-2290 Ext.: 229

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): 440-357-2296

Government Business Point of Contact (M).

This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

Name (M): JOHN LOFTUS

Email (M): JLoftus@lcport.org

Address (M): One Victoria Place

City (M): Painesville State (M): OH Zip Code (M): 44077 Country: USA

Province (all countries other than USA or Canada) _____

U.S. Phone (M): 440-357-2290 Ext.: 232

Non U.S. Phone (M): _____ Ext.: _____

Fax (U.S. Only) (M): 440-357-2296

Government Business Point of Contact Alternate (M) This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

☐ Check to use Primary Govt. POC information for Alternate Govt. POC

Name (M): Allen Weaver

Email (M): aweaver@lcport.org

Address (M): One Victoria Place

City (M): Painesville State (M): OH Zip Code (M): 44077 Country: USA

Province (all countries other than USA or Canada) _____

U.S. Phone (M): 440-357-2290 Ext.: 229

Non U.S. Phone (M): _____ Ext.: _____

Fax (U.S. Only) (M): 440-357-2296

Electronic Business Primary Point of Contact (M) This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

Name (M): Same As Above

Email (M): _____

Address (M): _____

City (M): _____ State (M): _____ Zip Code (M): _____ Country: _____

Province (all countries other than USA or Canada) _____

U.S. Phone (M): _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Electronic Business Alternate Point of Contact (M) This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

☐ Check to use Primary Electronic Business POC information for Alternate Electronic Business POC

Name (M): Same as above

Email (M): _____

Address (M): _____

City (M): _____ State (M): _____ Zip Code (M): _____ Country: _____

Province (all countries other than USA or Canada) _____

U.S. Phone (M): _____ Ext. _____

Non U.S. Phone: _____ Ext. _____

Fax (U.S. Only): _____

Past Performance Primary Point of Contact (If name is entered, all fields are mandatory)

This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

MPIN is Mandatory if entering Past Performance POC, MPIN will not be shown on the public search.

Name: John Loftus

Email: jloftus@leport.org

Address: One Victoria Place

City: Painesville State: Ohio Zip Code: 44077 Country: USA

Province (all countries other than USA or Canada) _____

U.S. Phone: 440-357-2290 Ext.: 232

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): 440-357-2296

Past Performance Alternate Point of Contact (If primary is entered, alternate is mandatory)

This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

☒ Check to use Primary Past Performance POC information for Alternate Past Performance POC

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Province (all countries other than USA or Canada) _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Marketing Partner ID (MPIN) (M) _____




You create the MPIN which must be 9 alphanumeric, no spaces, no symbols

MPIN is Mandatory. **Marketing Partner ID (MPIN):** This is a self-defined access code that will be shared with authorized partner applications (e.g., Past Performance Automated Information System (PPAIS), Technical Data Solutions (TeDS), etc.). The MPIN acts as your password in these other systems, and you should guard it as such.

Disaster Response information is OPTIONAL.

If you came here by mistake, you can select a different page from the Registration Menu on the left or click Quit CCR from the Registration Tools Menu in the upper left corner.

This information will be used by FEMA for finding contractors for disaster relief situations. Additional information on FEMA disasters can be found at <http://www.fema.gov/hazard/index.shtm>.

 Missing or Invalid Data  Required Data  View-Only Data (Edits not allowed)

Bonding LevelsIf appropriate, please provide the following bonding levels. Values must be input in whole dollars.

Construction Bonding Level, in dollars (per contract): _____

Construction Bonding Level, in dollars (aggregate): _____

Service Bonding Level, in dollars (per contract): _____

Service Bonding Level, in dollars (aggregate): _____

Geographic AreaIf appropriate, please indicate your geographic area served by selecting from the options below. If you select "any state", this will indicate a nationwide reach. Alternatively, you can select up to three states. If you select one state only you can select up to three counties and three Metropolitan Statistical Areas.

States:

(any state)	▲
AL - ALABAMA	
AK - ALASKA	■
AS - AMERICAN SAMOA	▼

Please make up to three selections. To make multiple selections, hold down the CTRL key.

Counties: _____

Please make up to three selections. To make multiple selections, hold down the CTRL key.

Metropolitan Statistical Areas: _____

Please make up to three selections. To make multiple selections, hold down the CTRL key. Please see the OMB Statistical Area Definitions bulletin for additional details.

CONSENT TO DISCLOSURE OF TAX INFORMATION

I hereby authorize the Internal Revenue Service (IRS) to validate that the Legal Business Name and Taxpayer Identification Number (TIN) (Employer Identification Number or Social Security Number) provided by the registrant matches or does not match the name and/or name control and TIN in the files of the IRS for the most current tax year reported.

Pursuant to 26 U.S.C. 6103(c), I hereby authorize the Internal Revenue Service (IRS) to disclose to the officers and employees of the Central Contractor Registration (CCR) Program Office whether the name and/or name control and TIN provided in connection with this registration is the TIN maintained in IRS files for the taxpayer name listed below for the most current tax year reported. I recognize that this validated TIN will reside on the CCR and be accessible to Federal Government procurement officials and other government personnel performing managerial review and oversight, for use in all governmental business activities including tax reporting requirements and debt collection.

I understand that without this consent a registrant's return information, including registrant's name and TIN, is confidential.

In addition by providing the following information, I certify that I have the authority to execute this consent for the disclosure of return information on behalf of the registrant.

☐ Taxpayer Name:

☐ Taxpayer Identification Number (TIN):

(See Note Above for IRS Definition)

☐ Taxpayer Street Address 1:

☐ Taxpayer Street Address 2:

☐ Taxpayer City:

☐ Taxpayer State:

☐ Taxpayer Zip+4/Postal Code:

☐ Taxpayer Country:

☐ Type of Tax:

☐ Tax Year (insert most recent tax year):

☐ Name of Individual Executing Consent:

☐ Title of Individual Executing Consent:

☐ Signature (enter your MPIN here):

☐ Date:

☐ Missing or Invalid Data

☐ Required Data

☐ View-Only Data (Edits not allowed)

The preferred method is to enter your registration directly on the web at www.ccr.gov. You may read the CCR Handbook <http://www.ccr.gov/Handbook.aspx> for further information.

Department of Defense
Central Contractor Registration
74 Washington Avenue N Ste. 7
Battle Creek, MI 49017-3084

E-mail address CCR@bpr.gov

For registration assistance call 1-888-227-2423 or 1-269-961-4725 Central Contract Registration (CCR) agent assistance is available 9:00 a.m. to 5:00 p.m. EST Monday through Friday.